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10/723,676	11/26/2003	Charles Cameron Brackett	133158FT/YOD GEMS:0232	8887
68174	7590	12/09/2008	EXAMINER	
GE HEALTHCARE c/o FLETCHER YODER, PC P.O. BOX 692289 HOUSTON, TX 77269-2289			WOODS, TERESA S	
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**Please find below and/or attached an Office communication concerning this application or proceeding.**

The time period for reply, if any, is set in the attached communication.

# Office Action Summary

**Application No.**

10/723,676

**Applicant(s)**

BRACKETT ET AL.

**Examiner**

TERESA WOODS

**Art Unit**

4114

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --  
**Period for Reply**

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

**Status**

- 1) ☒ Responsive to communication(s) filed on 26 November 2003.  
2a) ☐ This action is **FINAL**. 2b) ☒ This action is non-final.  
3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

**Disposition of Claims**

- 4) ☐ Claim(s) \_\_\_\_\_ is/are pending in the application.  
4a) Of the above claim(s) \_\_\_\_\_ is/are withdrawn from consideration.  
5) ☐ Claim(s) \_\_\_\_\_ is/are allowed.  
6) ☒ Claim(s) 1-33 is/are rejected.  
7) ☒ Claim(s) 19 and 20 is/are objected to.  
8) ☐ Claim(s) \_\_\_\_\_ are subject to restriction and/or election requirement.

**Application Papers**

- 9) ☐ The specification is objected to by the Examiner.  
10) ☒ The drawing(s) filed on 11/26/03 is/are: a) ☒ accepted or b) ☐ objected to by the Examiner.  
Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).  
Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).  
11) ☒ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

**Priority under 35 U.S.C. § 119**

- 12) ☒ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).  
a) ☐ All b) ☐ Some \* c) ☐ None of:  
1. ☐ Certified copies of the priority documents have been received.  
2. ☐ Certified copies of the priority documents have been received in Application No. \_\_\_\_\_.  
3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

\* See the attached detailed Office action for a list of the certified copies not received.

**Attachment(s)**

- 1) ☒ Notice of References Cited (PTO-892)  
2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)  
3) ☐ Information Disclosure Statement(s) (PTO-8508)  
Paper No(s)/Mail Date \_\_\_\_\_  
4) ☐ Interview Summary (PTO-413)  
Paper No(s)/Mail Date \_\_\_\_\_  
5) ☐ Notice of Informal Patent Application  
6) ☐ Other: \_\_\_\_\_

## **DETAILED ACTION**

### **Status of Claims**

1. This action is in reply to the application filed on 11/26/2003.
2. Claim 1-31 are currently pending and have been examined.
3. Claim 19B and 20B are currently pending and have been examined.

### ***Objection of Claims***

4. Claims 19 and 20 of the disclosure are objected to because of typographical errors. There are two sets of claims for both 19 and 20. Corrections are required. See MPEP § 608.01(b).
5. Claim 27 of the disclosure is objected to because of a typographical error. The statement "*means for storing the electronic file*" is mentioned twice. Corrections are required. See MPEP § 608.01(b).

***Claim Rejections - 35 USC § 102***

6. The following is a quotation of the appropriate paragraphs of 35 U.S.C. 102 that form the basis for the rejections under this section made in this Office action:

A person shall be entitled to a patent unless –

(e) the invention was described in a patent granted on an application for patent by another filed in the United States before the invention thereof by the applicant for patent, or on an international application by another who has fulfilled the requirements of paragraphs (1), (2), and (4) of section 371(c) of this title before the invention thereof by the applicant for patent.

7. The changes made to 35 U.S.C. 102(e) by the American Inventors Protection Act of 1999 (AIPA) and the Intellectual Property and High Technology Technical Amendments Act of 2002 do not apply when the reference is a U.S. patent resulting directly or indirectly from an international application filed before November 29, 2000. Therefore, the prior art date of the reference is determined under 35 U.S.C. 102(e) prior to the amendment by the AIPA (pre-AIPA 35 U.S.C. 102(e)).
8. Claims 1, 2, 4, 5, 14, 18, 19A, 24, 25, 27, 28 and 30 are rejected under 35 U.S.C. 102(e) as being anticipated by Campbell (US 6,047,259 A).

**Claim 1:**

Campbell, as shown, discloses the following limitations:

- *a digital file encapsulating patient information of one or more formats and generated by* (see at least Fig. 2, column 1, lines 62-64, column 5, lines 35-46);
- *accessing patient information at a compilation workstation from one or more systems* (see at least column 1, lines 62-64);
- *entering the patient information into the digital file*(see at least column 6, lines 60-63) ;
- *storing the digital file onto a machine readable medium*(see at least column 6, lines 48-55) ;
- *loading the digital file at one or more remote client workstations*(see at least Fig. 2, column 5, lines 44-61).

**9. Claim 2:**

Campbell, as shown, discloses the following limitations:

- *wherein the one or more formats of the patient information is at least one of text, an image, a waveform, audio, and a hypertext link.* (see at least column 1, line 64 to column 2, lines 4);

**10. Claim 4:**

Campbell, as shown, discloses the following limitations:

- *accessing patient information of one or more formats from one or more systems to a compilation workstation* (see at least Fig. 2, column 1, lines 62-64);
- *assembling the patient information into a digital file* (see at least Fig. 2, column 1, line 64 to column 2, line 4);
- *storing the digital file onto a machine readable medium*(see at least column 6, lines 48-55);
- *accessing the digital file at one or more client workstations*(see at least Fig. 2, column 5, lines 35-46);

**11. Claim 5:**

Campbell, as shown, discloses the following limitations:

- *further comprising electronically transmitting the digital file to a client* (see at least Fig. 1, 2, column 10, lines 64-67, column 21, lines 25-31).

**12. Claim 14:**

Campbell, as shown, discloses the following limitations:

- *configuring an electronic template at a compilation workstation to receive patient information of one or more*

*formats from one or more systems. (see at least Fig. 2, 3, 4, 5, 6, column 12, lines 13-20);*

- *receiving and encapsulating the patient information in the electronic template and compiling a multi-media patient summary(see at least column 6, lines 47-55) ;*
- *storing the multi-media patient summary on a machine readable medium (see at least column 6, lines 47-55);*
- *displaying the multi-media patient summary at one or more remote client workstations. (see at least Fig. 2, column 5, lines 38-43);*

**Claim 18:**

Campbell, as shown, discloses the following limitations:

- *further comprising viewing one or more patient information images compiled in the multi-media patient summary (see at least Fig. 14, column 20, lines 61-65);*

**Claim 19A:**

Campbell, as shown, discloses the following limitations:

- *further comprising viewing one or more patient information waveforms compiled in the multi-media patient summary (see at least Fig. 2, 13, 14, column 20, lines 55-65).*

**Claim 24:**

Campbell, as shown, discloses the following limitations:

- *at least one compilation workstation configured to receive patient information of one or more formats from one or more sources ( see at least Fig. 1 and 2);*
- *at least one compilation workstation configured to assemble and encapsulate the patient information into a digital file( see at least Fig. 1 and 2) ;*
- *at least one compilation workstation configured to store the digital file on at least one machine readable medium( see at least Fig. 1 and 2) ;*
- *at least one client workstation capable of accessing the digital file ( see at least Fig. 1 and 2).*

**Claim 25:**

Campbell, as shown, discloses the following limitations:

- *wherein the format of the patient information is at least one of text, an image, a waveform, audio, and a hypertext link.*  
*(see at least column 1, line 64, to column 2, line 4);*

**Claim 27:**

Campbell, as shown, discloses the following limitations:

- *means for accessing patient information of one or more formats from one or more systems file (see at least Fig. 1-6);*



- *means for assembling the patient information into an electronic file capable of encapsulating patient information having different formats* (see at least column 1, lines 64 to column 2, line 4);
- *means for storing the electronic file* (see at least Fig. 1).

**Claim 28:**

Campbell, as shown, discloses the following limitations:

- *a routine for receiving patient information of one or more formats from one or more systems at to one or more compilation workstations* (see at least Fig. 3-5, column 4, lines 2-6) ;
- *a routine for assembling and encapsulating the patient information into a digital file*(see at least column 11, line 62 to column 12, line 2) ;
- *a routine for storing the digital file onto one or more machine readable media*(see at least Fig. 1, column 4, lines 43-46);
- *a routine for loading the digital file at one or more client workstations*(see at least Fig. 2, column 5, lines 33-43);

**Claim 30:**

Campbell, as shown, discloses the following limitations:

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- *wherein the format of the patient information is at least one of text, an image, a waveform, audio, and a hypertext link*  
(see at least column 1, line 64 to column 2, line 4);

### ***Claim Rejections - 35 USC § 103***

13. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

14. The factual inquiries set forth in *Graham v. John Deere Co.*, 383 U.S. 1, 148 USPQ 459 (1966), that are applied for establishing a background for determining obviousness under 35 U.S.C. 103(a) are summarized as follows:

1. Determining the scope and contents of the prior art.
2. Ascertaining the differences between the prior art and the claims at issue.
3. Resolving the level of ordinary skill in the pertinent art.
4. Considering objective evidence present in the application indicating obviousness or nonobviousness.

15. Claims 3, 6-13, 15-17, 19A, 20A, 19B, 20B, 21-22, 26, 29 and 31 are rejected under 35 U.S.C. 103(a) as being unpatentable over Campbell (US 6,047,259 A) in view of Teshima (US 6,272,470 B1).

16. **Claim 3:**

Campbell discloses the limitations as shown in the rejections above. Campbell does not disclose the following limitation; however Teshima, as shown below does:

- *wherein the patient information is accessed from at least one of an image handling system, an information system, and a diagnostic modality interface (see at least Fig. 1, column 4, lines 45-52 ).*

It would have been obvious to one of ordinary skill in the art at the time of the invention to combine updating the patient database of Campbell with Teshima's image handling system because it is better utilizes the skills and time constraints of properly diagnosing patients.

**17. Claim 6:**

Campbell discloses the limitations as shown in the rejections above. Campbell does not disclose the following limitation; however Teshima, as shown below does:

- *wherein a format of the digital file is an encapsulated file having patient information in a format of at least one of text, images, sound files, waveforms, and hypertext links. (see at least column 21, lines 56-64 ).*

It would have been obvious to one of ordinary skill in the art at the time of the invention to combine updating the patient database of

Campbell with one of Teshima's formatting systems because it would keep more accurate and complete patient medical records.

**18. Claim 7:**

Campbell discloses the limitations as shown in the rejections above. Campbell does not disclose the following limitation; however Teshima, as shown below does:

- *wherein a system that supplies patient information is at least one of a picture archival communication system, a radiology department information system, a hospital information system, and a cardiovascular information system (see at least column 1, lines 50-55, column 3, lines 8-15 ).*

It would have been obvious to one of ordinary skill in the art at the time of the invention to combine updating the patient database of Campbell with one of Teshima's picture archival communication systems because it would keep more accurate and complete patient medical records in of properly diagnosing patients.

**19. Claim 8:**

Campbell discloses the limitations as shown in the rejections above. Campbell does not disclose the following limitation; however Teshima, as shown below does:

- *wherein a system that supplies patient information is a magnetic resonance imaging system* (see at least column 6, lines 59-65).

It would have been obvious to one of ordinary skill in the art at the time of the invention to combine updating the patient database of Campbell with one of Teshima's access to MRI's because it would keep more accurate and complete medical records in of properly diagnosing patients.

**20. Claim 9:**

Campbell discloses the limitations as shown in the rejections above. Campbell does not disclose the following limitation; however Teshima, as shown below does:

- *wherein a system that supplies patient information is a computed tomography imaging system* (see at least column 6, lines 59-65).

It would have been obvious to one of ordinary skill in the art at the time of the invention to combine updating the patient database of Campbell with one of Teshima's access to CT radiographs because it would keep more accurate and complete medical records in of properly diagnosing patients.

**21. Claim 10:**

Campbell discloses the limitations as shown in the rejections above. Campbell does not disclose the following limitation; however Teshima, as shown below does:

- *wherein the client workstation is a general purpose computer* (see at least Fig. 2).

It would have been obvious to one of ordinary skill in the art at the time of the invention to combine updating the patient database of Campbell with one of Teshima's access to general computers because it would allow properly qualified personnel to remotely treat and diagnose medical patients.

**22. Claim 11:**

Campbell discloses the limitations as shown in the rejections above. Campbell does not disclose the following limitation; however Teshima, as shown below does:

- *wherein the client workstation is a personal digital assistant electronic handheld device.* (see at least Fig. 2, column 7, lines 24-26).

It would have been obvious to one of ordinary skill in the art at the time of the invention to combine updating the patient database of Campbell with Teshima's handheld devices used by medical examiners

because it would allow medical personnel to perform procedures like ultrasounds to better diagnose medical patients.

**23. Claim 12:**

Campbell discloses the limitations as shown in the rejections above. Campbell does not disclose the following limitation; however Teshima, as shown below does:

- *wherein the digital file is configured to be accessed by a physician at the one or more client workstations (see at least Fig. 1, 2, column 8, lines 4-6).*

It would have been obvious to one of ordinary skill in the art at the time of the invention to combine updating the patient database of Campbell with Teshima's computer access for medical personnel to perform procedures like ultrasounds to better diagnose medical patients.

**24. Claim 13:**

Campbell discloses the limitations as shown in the rejections above. Campbell does not disclose the following limitation; however Teshima, as shown below does:

- *wherein the digital file is configured to be accessed by a patient at the one or more client workstations. (see at least column 15, lines 65-67, column 16, lines 41-44).*

It would have been obvious to one of ordinary skill in the art at the time of the invention to combine updating the patient database of Campbell with Teshima's computer access for medical personnel to better diagnose medical patients.

**25. Claim 15:**

Campbell discloses the limitations as shown in the rejections above. Campbell does not disclose the following limitation; however Teshima, as shown below does:

- *further comprising notifying a client of the status of the multi-media patient summary (see at least Fig. 9-14).*

It would have been obvious to one of ordinary skill in the art at the time of the invention to combine the display of a patient's medical summary of Campbell with Teshima's ability to notify a client user to ensure that quality healthcare is provided.

**26. Claim 16:**

Campbell discloses the limitations as shown in the rejections above. Campbell does not disclose the following limitation; however Teshima, as shown below does:

- *further comprising accessing and replaying one or more patient information sound files compiled in the multi-media*



*patient summary.* (see at least column 7, lines 18-23, column 7, lines 53-58).

It would have been obvious to one of ordinary skill in the art at the time of the invention to combine the display of a patient's medical summary of Campbell with Teshima's ability to provide audio media to better provide quality healthcare.

**27. Claim 17:**

Campbell discloses the limitations as shown in the rejections above. Campbell does not disclose the following limitation; however Teshima, as shown below does:

- *further comprising selecting one or more user-selectable regions of the multi-media patient summary to display additional patient information* (see at least column 2, lines 7-16).

It would have been obvious to one of ordinary skill in the art at the time of the invention to combine the display of a patient's medical summary of Campbell with Teshima's ability to choose different media sources to better provide quality healthcare.

**28. Claim 19B:**

Campbell discloses the limitations as shown in the rejections above. Campbell does not disclose the following limitation; however Teshima, as shown below does:

- *wherein patient information is received from a hospital information system (see at least column 3, lines 3-15).*

It would have been obvious to one of ordinary skill in the art at the time of the invention to combine the display of a patient's medical summary of Campbell with Teshima's entire hospital information system to ensure quality medical record keeping.

**29. Claim 20A:**

Campbell discloses the limitations as shown in the rejections above. Campbell does not disclose the following limitation; however Teshima, as shown below does:

- *wherein patient information is received from a picture archival communication system (see at least Fig. 1, column 4, lines 45-58).*

It would have been obvious to one of ordinary skill in the art at the time of the invention to combine the display of a patient's medical summary of Campbell with Teshima's archival communication system to ensure that the medical record keeping system is more comprehensive.

**30. Claim 20B:**

Campbell discloses the limitations as shown in the rejections above. Campbell does not disclose the following limitation; however Teshima, as shown below does:

- *wherein patient information is received from a radiology department information system* (see at least column 6, lines 59-65).

It would have been obvious to one of ordinary skill in the art at the time of the invention to combine the display of a patient's medical summary of Campbell with Teshima's radiology department to ensure that the medical record keeping system is more comprehensive.

**31. Claim 21:**

Campbell discloses the limitations as shown in the rejections above. Campbell does not disclose the following limitation; however Teshima, as shown below does:

- *wherein patient information is received from a MRI system* (see at least column 6, lines 59-65).

It would have been obvious to one of ordinary skill in the art at the time of the invention to combine the display of a patient's medical summary of Campbell with Teshima's MRI system to ensure that the medical record keeping system is more comprehensive.

**32. Claim 22:**

Campbell discloses the limitations as shown in the rejections above. Campbell does not disclose the following limitation; however Teshima, as shown below does:

- *wherein patient information is received from a CT system (see at least column 6, lines 59-65).*

It would have been obvious to one of ordinary skill in the art at the time of the invention to combine the display of a patient's medical summary of Campbell with Teshima's CT system to ensure that the medical record keeping system is more comprehensive.

**33. Claim 26:**

Campbell discloses the limitations as shown in the rejections above. Campbell does not disclose the following limitation; however Teshima, as shown below does:

- *wherein the patient information is supplied from at least one of an image handling system, an information system, and a diagnostic modality interface (see at least Fig. 1, column 4, lines 45-52).*

It would have been obvious to one of ordinary skill in the art at the time of the invention to combine the retrieval of a patient's medical data of Campbell with Teshima's variety of image diagnosing systems to ensure that the medical record keeping system is more comprehensive.

**34. Claim 29:**

Campbell discloses the limitations as shown in the rejections above. Campbell does not disclose the following limitation; however Teshima, as shown below does:

- *wherein the patient information is provided from at least one of an image handling system, an information system, and a diagnostic modality interface (see at least column 4, lines 45-57).*

It would have been obvious to one of ordinary skill in the art at the time of the invention to combine ways of maintaining routine, patient data of Campbell with Teshima's variety of image diagnosing systems to ensure that the medical record keeping system is more comprehensive.

**35. Claim 31:**

Campbell discloses the limitations as shown in the rejections above. Campbell does not disclose the following limitation; however Teshima, as shown below does:

- *wherein the one or more client workstations are at least one of a general purpose computer and a personal digital assistant electronic handheld device (see at least Fig. 2, column 7, lines 24-26).*

It would have been obvious to one of ordinary skill in the art at the time of the invention to combine ways of maintaining routine, patient data of Campbell with Teshima's workstation utilizing handheld devices to ensure that the medical record keeping system is more comprehensive.

36. Claim 23 is rejected under 35 U.S.C. 103(a) as being unpatentable over Campbell (US 6,047,259 A) in view of Halpern (US 5,687,717 A).

**Claim 23:**

Campbell discloses the limitations as shown in the rejections above. Campbell does not disclose the following limitation; however Halpern, as shown below does:

- *wherein patient information is received from electrocardiography system as a waveform* (see at least Fig. 5, 6, column 11, lines 49-53).

It would have been obvious to one of ordinary skill in the art at the time of the invention to combine the display of a patient's medical summary of Campbell with Halpern's ECG and EKG systems to ensure that the medical record keeping system is more comprehensive.

**Conclusion**

Any inquiry of a general nature or relating to the status of this application or concerning this communication or earlier communications from the Examiner should be directed to **Teresa Woods** whose telephone number is **571.270.5509**. The Examiner can normally be reached on Monday-Friday, 9:30am-5:00pm. If attempts to reach the examiner by telephone are unsuccessful, the Examiner's supervisor, **JAMES A. REAGAN** can be reached at **571.272.6710**.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://portal.uspto.gov/external/portal/pair> . Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at **866.217.9197** (toll-free).

Any response to this action should be mailed to:

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